

**P. O. BOX 498
EVANS, GA 30809
(706) 863-7523**

PARTICIPANT'S NAME: _____ SPORT/LEAGUE: _____
LAST (as on birth certificate) FIRST MI

ADDRESS: _____

NO. & STREET	(MAILING IF DIFFERENT)	CITY	ZIP

HOME PHONE: BIRTH DATE: / / MALE: FEMALE: SHIRT SIZE:

SCHOOL ATTENDING: _____ GRADE: _____ IN-COUNTY/OUT-OF-COUNTY
(CIRCLE ONE)

FATHER'S NAME: _____ WORK PHONE: _____ EMPLOYER: _____
LAST FIRST

MOTHER'S NAME: _____ WORK PHONE: _____ EMPLOYER: _____

PLEASE READ THE FOLLOWING AND SIGN:

I/we the parents of the above-named candidate for a position on a Columbia Co. Sports team, hereby give my/our approval to his/her participation in any and all activities during the current season. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/we do hereby release and hold harmless Columbia County, the Recreation Department, its employees, sponsors, participants and persons transporting my/our child, to events or activities from all actions, suits, claims, injuries, damages and demands for any and all forms of damages or injury to persons or property, including all consequential and derivative damages resulting from or in any way associated with my attendance at events held at any County Recreation Facility.

REQUESTED AREA: (PLEASE CIRCLE ONE)
 _____ HARLEM APPLING GROVETOWN ME-MARTINEZ-EVANS
 PARENT'S SIGNATURE DATE

WOULD YOU BE INTERESTED IN VOLUNTEERING HELPING WITH SPECIAL EVENTS _____ COACHING _____ UMPIRING _____

E-mail ADDRESS: _____

*****OFFICE USE ONLY*****

FEES: RESIDENT \$	OUT-OF-COUNTY \$	LATE \$	TOTAL RECEIVED \$	STAFF
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WAIVER _____ CASH _____ CHECK/MONEY ORDER # _____ RECEIPT # _____

DOC/FORMS/SPORTS/2005 YOUTH REGISTRATION/UPDATED 09-05